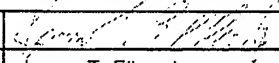


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

|  |  |  |  |
|--|--|--|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).<br><h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> |  | <b>Complete if Known</b><br>Application Number 10/561,440-Conf. #6373<br>Filing Date December 20, 2005<br>First Named Inventor Giancarlo BRUN<br>Examiner Name J. M. Krause<br>Art Unit 3682 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | TOTAL AMOUNT OF PAYMENT (\$) 351.00  |  |
|  |  | Attorney Docket No. 4284-0102PUS1  |  |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____ |   |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number 02-2448            Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP                            |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  | <input checked="" type="checkbox"/> Credit any overpayments                       |

| <b>FEE CALCULATION</b>  |              |  |                                |                       |                           |                       |                |
|---|--------------|--|--------------------------------|-----------------------|---------------------------|-----------------------|----------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |              |  |                                |                       |                           |                       |                |
| Application Type  | FILING FEES  |  | SEARCH FEES                    |                       | EXAMINATION FEES          |                       | Fees Paid (\$) |
|   | Fee (\$)     | Small Entity Fee (\$)                            | Fee (\$)                       | Small Entity Fee (\$) | Fee (\$)                  | Small Entity Fee (\$) |                |
| Utility   | 330          | 165  | 540                            | 270                   | 220                       | 110                   |                |
| Design  | 220          | 110  | 100                            | 50                    | 140                       | 70                    |                |
| Plant   | 220          | 110  | 330                            | 165                   | 170                       | 85                    |                |
| Reissue   | 330          | 165  | 540                            | 270                   | 650                       | 325                   |                |
| Provisional   | 220          | 110  | 0                              | 0                     | 0                         | 0                     |                |
| <b>2. EXCESS CLAIM FEES</b>   |              |  |                                |                       |                           |                       |                |
|   |              |  |                                |                       |                           | Small Entity          |                |
| Fee Description   |              |  |                                |                       |                           | Fee (\$)              | Fee (\$)       |
| Each claim over 20 (including Reissues)   |              |  |                                |                       |                           | 52                    | 26             |
| Each independent claim over 3 (including Reissues)  |              |  |                                |                       |                           | 220                   | 110            |
| Multiple dependent claims   |              |  |                                |                       |                           | 390                   | 195            |
| Total Claims  |              | Extra Claims                                     | Fee (\$)                       | Fee Paid (\$)         | Multiple Dependent Claims |                       |                |
| 34 - 23 or HP   |              | 11   | x 26                           | = 286.00              | Fee (\$)                  |                       | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20  |              |  |                                |                       |                           |                       |                |
| Indep. Claims   |              | Extra Claims                                     | Fee (\$)                       | Fee Paid (\$)         |                           |                       |                |
| 2 - 3 or HP   |              | 0  | x                              | =                     |                           |                       |                |
| HP = highest number of independent claims paid for, if greater than 3.  |              |  |                                |                       |                           |                       |                |
| <b>3. APPLICATION SIZE FEE</b>  |              |  |                                |                       |                           |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |  |                                |                       |                           |                       |                |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof |                                | Fee (\$)              | Fee Paid (\$)             |                       |                |
|   | - 100 =      | / 50 =   | (round up to a whole number) x | =                     |                           |                       |                |
| <b>4. OTHER FEE(S)</b>  |              |  |                                |                       |                           |                       |                |
| Non-English Specification.  |              |  |                                |                       |                           | Additional Claim Fee  | 286.00         |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month   |              |  |                                |                       |                           |                       | 65.00          |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 39,538         |
| Name (Print/Type)   | James T. Eller, Jr.   | Telephone                         | (703) 205-8000 |
|                     |   | Date                              | March 27, 2009 |